

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT 09-MAR-2015	TIME 21:28:00	2. ADDRESS OF OCCURRENCE 3417 W POLK ST CHICAGO, IL 60624	3. LOCATION CODE 303	4. BEAT/OCCUR 1133					
	5. POSITION 9161	6. LAST NAME FURLET	7. FIRST NAME MILES J	8. STAR NO 6211	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 511	12. HT. 200	13. WT.	
	14. DATE OF APPT. 31-OCT-2012	15. EMPLOYEE NO [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1113	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME THOMAS	21. FIRST NAME MAKAEAL	22. M.I. A	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 506	27. WT. 140		
	28. ADDRESS ST ANTHONY DE PADUA HOSPITAL	29. TELEPHONE NO [REDACTED]	30. WAS SUBJECT ARMED? OTHER (SPECIFY) VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST ANTHONY DE PADUA HOSPITAL	34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED 625 ILCS 5.0/6-303-A, 9-12-050(B), 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-1-A, 720	37. CB NO 19075054	IR NO [REDACTED]	DNA [REDACTED]			
	38. DNA	PASSIVE RESISTER SUBJECTS ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (OEOA WEIGHT) <input checked="" type="checkbox"/> OTHER _____	ACTIVE RESISTER MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____	ASSAILANT: ASSAULT PLED PULLED AWAY OTHER _____	IMMINENT THREAT OF BATTERY OTHER _____	ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____			
	39. DNA	MEMBERS RESPONSE OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Spark Displayed) OTHER _____	ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 4c) IMPACT MUNITION (Describe in Box 4d) OTHER _____	KNEE STRIKE KICKS IMPACT MUNITION OTHER _____	FIREARM OTHER _____					
	40. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	40. ADDITIONAL INFORMATION								
	POSITION	STAR NO	UNIT							
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR							
45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE							
49. TASER DART ID NO.	50. WEAPON SERIAL NO (Include Letters)	51. CHICAGO CUN REG. NO	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.						
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <input type="checkbox"/> 01 R.F. SIDE (WAIST) <input type="checkbox"/> 02 L.T. SIDE (WAIST)	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)	63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT	67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
70. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
SIGNATURES	71. REPORTING MEMBER (Print Name) FURLET, MILES J 09-MAR-2015 23:10:44									
	72. REVIEWING SUPERVISOR (Print Name) TOPCZEWSKI, BRYAN T									
	STAR NO 2347	SIGNATURE [REDACTED]	DATE REVIEWED 09-MAR-2015 23:20:59	TIME [REDACTED]						

1506816264
HY178182
71. RD. NO.

log 101411
Int. 9

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 1.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt. attempted to interview the subject during a custodial search in the Female Lock-up in Cell A-3. The subject was being uncooperative and when asked why did she pull away and make raise her fist, the Subject replied, you are all doing this because I'm black. She added that she did nothing done and just wanted to go home while crying and making unintelligible comments.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/WOL reviewed all of the reports and concluded that the member's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1074111 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BAIO, ANTONIO M

SIGNATURE



DATE COMPLETED

TIME

10-MAR-2015 01:37:34

79. TOTAL TBR's THIS EVENT No.

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